

Candidate  
Annual Report of Receipts and Disbursements  
2009

Candidate's Name JAMES EVANS  
Full Address 510 W. ASH ST JACKSON, MISS  
Telephone 601-353-7464 Fax 601-948-8588  
Contact Name JAMES EVANS Email \_\_\_\_\_  
Office Sought State Representative Political Party Dem.



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have been made. Candidates shall submit a report indicating "0" (Zero) for total amount of reported contribution.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed. Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports the next business day before the deadline. Faxed reports are acceptable.

HD70

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+	\$ 1,500.00	
Total amount of disbursements \$	+	\$ 1,400.00	
Total amount of cash on hand		\$ 200.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

James Evans  
Signature of Candidate

1-29-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee, THANKS EVERS ELECTION COMMITTEEReporting period 1-29-10 through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss. Dental PAC</u>		<u>  1  1  </u>	\$ <u>300.00</u>
Mailing Address <u>JACKSON MISS</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>  1  1  </u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>  1  1  </u>		<u>  1  1  </u>	\$
Occupation (Required) <u>  1  1  </u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clean Air PAC</u>		<u>12/2/09</u>	\$ <u>500.00</u>
Mailing Address <u>JACKSON MISS</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>  1  1  </u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>  1  1  </u>		<u>  1  1  </u>	\$
Occupation (Required) <u>  1  1  </u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss. Power PAC</u>		<u>  1  1  </u>	\$ <u>200.00</u>
Mailing Address <u>Gulfport Mississippi</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>  1  1  </u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>  1  1  </u>		<u>  1  1  </u>	\$
Occupation (Required) <u>  1  1  </u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Meditation Association Inc.</u>		<u>  1  1  </u>	\$ <u>500.00</u>
Mailing Address <u>JACKSON MISS</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>  1  1  </u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>  1  1  </u>		<u>  1  1  </u>	\$
Occupation (Required) <u>  1  1  </u>		Aggregate year-to-date	\$ <u>500.00</u>